

DISCLOSURE STATEMENT, PROMISSORY NOTE AND SECURITY AGREEMENT

ACCOUNT NO. 3164		LENDER - SECURED PARTY Family Choice Financial, Inc. 1062 East Peace St Canton, Ms 39046 Canton, MS		ITEMIZATION OF THE AMOUNT FINANCED OF AMOUNT PAID TO OTHERS ON MY BEHALF: \$3,073.27 To Credit Life Ins. Premium <input type="checkbox"/> Level <input checked="" type="checkbox"/> Decreasing <input checked="" type="checkbox"/> Dismemberment <input checked="" type="checkbox"/> Single <input type="checkbox"/> Joint \$76.96 To Credit Disability Ins. Premium \$0.00 <input type="checkbox"/> 14 Day <input type="checkbox"/> 30 Day <input checked="" type="checkbox"/> Retro <input type="checkbox"/> Non-Retro To Property Insurance Premium <input type="checkbox"/> Single Int. <input checked="" type="checkbox"/> Dual Int. \$303.80 <input type="checkbox"/> Single Int. Auto \$0.00 To UII Premium \$0.00 To Public Officials \$0.00 To Non-Filing Fee \$0.00 To Electronic Funding Fee \$0.00 To \$0.00 To \$0.00 To Other Creditors \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 TOTAL PAID TO OTHERS \$380.76		
DATE OF LOAN 05/16/2025	INTEREST START DATE 05/16/2025	ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate. 39.010%		Total of Payments The amount I will have paid after I have made all payments as scheduled. \$4,347.81	FINANCE CHARGE The dollar amount the credit will cost me. \$1,274.54	Amount Financed The amount of credit provided to me or on my behalf. \$3,073.27
MY PAYMENT SCHEDULE WILL BE:						
NUMBER OF PAYMENTS 21	AMOUNT OF FIRST PAYMENT \$247.81	FIRST PAYMENT DUE DATE: 07/01/2025	OTHER PAYMENTS DUE SAME DAY OF EACH SUCCEEDING MONTH	AMOUNT OF OTHER PAYMENTS \$205.00	FINAL PAYMENT DUE DATE: 03/01/2027	
Security: I am giving you a security interest in:			PROPERTY INS. \$4,347.81 AUTO INS. \$0.00			
<input checked="" type="checkbox"/> Certain <input checked="" type="checkbox"/> Household Goods <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Goods or property being purchased <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Collateral securing other loan may also secure this loan <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> This loan is unsecured						
Late Charge: <input checked="" type="checkbox"/> If a payment is more than 15 days late, I will be charged \$5.00 or 4.00% of the delinquent amount, whichever is greater but not to exceed \$50.00.						
Prepayment: <input checked="" type="checkbox"/> If I pay off early, I may be entitled to a refund of part of the finance charge. <input type="checkbox"/> If I pay off early, I may have to pay a penalty.						
I must see my contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.						
NAMES AND ADDRESSES OF ALL BORROWERS: Marcus Crozier 4110 Camel Rd Benton, MS 39039 DOB: _____ DOB: _____ DOB: _____						
Insurance: Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost. Insurance, if provided, is for the term of the contract.						
TYPE		PREMIUM	SIGNATURE:			
Single Credit Life <input type="checkbox"/> Level <input checked="" type="checkbox"/> Decreasing		\$76.96	<input type="checkbox"/> I do <input type="checkbox"/> do not want Single Credit Life Insurance SIGNATURE: _____			
Joint Credit Life <input type="checkbox"/> Level <input type="checkbox"/> Decreasing		\$0.00	<input type="checkbox"/> We <input type="checkbox"/> do <input type="checkbox"/> do not want Joint Credit Life Insurance SIGNATURE: _____ SIGNATURE: _____			
Credit Disability		\$0.00	<input type="checkbox"/> I do <input type="checkbox"/> do not want Credit Disability Insurance SIGNATURE: _____			
Single Int. Auto for a term of 0 mos.		\$0.00	Single/Dual Int. Prop. for a term of 21 mos. \$303.80 (Borrower(s) Initial appropriate box) <input type="checkbox"/> I want Single Interest Property Insurance <input type="checkbox"/> I want Dual Interest Property Insurance I warrant that the value of the collateral on this transaction is \$8,300.00			

As stated above "I", "Me" or "My" means all Borrowers, and "You" means the Lender named above.

PROMISSORY NOTE

FOR VALUE RECEIVED: Borrower promises to pay to the order of Lender named above, at its office, and subject to the terms hereof the Total of Payments as stated above in consecutive monthly installments as stated as beginning on the due date for the first payment stated above and continuing on the same day of each succeeding month thereafter until fully paid. No extension, renewal, or other indulgence by Lender shall release the Borrower. Borrower waives protest. Borrower includes all persons signing below, each of whom shall be jointly and severally liable herein. All provisions set out above are incorporated in this Note by reference as though fully set out herein.

Borrower agrees to pay a closing fee as follows:

a. For loans in the amount of Ten Thousand Dollars (\$10,000.00) or less, four percent (4%) of the total payments due on the loan or Twenty-Five Dollars (\$25.00), whichever is greater.
b. For Loans in an amount greater than Ten Thousand Dollars (\$10,000.00), a maximum charge of Five Hundred Dollars (\$500.00).

REBATE FOR PREPAYMENT: Prepayment may be made in full or in part at any time. If the loan is prepaid in full, Borrower will receive a refund of the unearned portion of the Finance Charge (less Prepaid Finance Charge) calculated in accordance with the Rule of 78's based upon months prepaid determined as described hereafter. The number of months and days used from the date loan was made to the date of prepayment plus 20 days will be the number of months and days earned. If the days earned in excess of whole months total 15 or less, they shall be disregarded. If the days earned in excess of whole months total 16 or more they shall be considered an additional month earned. No rebate less than \$1.00 is required. The Finance Charge for the purposes of the Mississippi Code is the Finance Charge disclosed above less the amount shown as Prepaid Finance Charge.

APPLIES TO SECTION 32 REAL ESTATE LOANS ONLY: If prepayment is a result of refinancing, the finance charge refund will be computed using the actuarial method. If the within named customer's debt ratio (income to monthly payments) exceeded 50% on the date of this loan, no prepayment penalty will be computed using the actuarial method. If the within using the actuarial method.

PREPAYMENT PENALTY: If this loan is secured by a Deed of Trust on real Property, and is prepaid during the first year the penalty for prepayment shall be 5% of the unpaid principal balance; if prepaid during the second year the penalty shall be 4% of the unpaid principal balance; if prepaid during the third year the penalty shall be 3% of the unpaid principal balance; if prepaid during the fourth year the penalty shall be 2% of the unpaid principal balance; if prepaid during the fifth year the penalty shall be 1% of the unpaid principal balance. If the within named customer's debt ratio (income to monthly payments) exceeded 50% on the date of this loan, no prepayment penalty will be collected and the finance charge refund will be computed using the actuarial method.

LATE CHARGES: In the event that an installment or portion thereof, continues unpaid for 15 or more days following the date said payment is due, the Lender shall collect a default charge of \$5.00 or 4.00% of the delinquent amount, whichever is greater but not to exceed \$50.00.

If Lender receives a check, draft, negotiable order of withdrawal or like instrument drawn on a bank or other depository institution given by Borrower in full or partial repayment of this loan, Lender may, if such instrument is not paid or is dishonored by such institution, charge and collect from the Borrower a bad check charge in an amount equal to the actual charge deemed to be interest, finance charge, or other charge made as an incident to or as a condition to the grant of this loan and shall not be included in determining the limit on charges which may be made in connection with this loan.

BORROWER UNDERSTANDS AND AGREES THAT ALL OF THE ADDITIONAL TERMS ON THE REVERSE SIDE HEREOF ARE A PART HEREOF AS IF FULLY SET FORTH AT THIS POINT.

Borrower authorizes the deductions listed above and acknowledges receipt of the amount paid to him directly and refunds stated above, together with an exact copy of this instrument completely filled in prior to execution.

WITNESS:

Signature of Borrower

Signature of Borrower

Signature of Borrower

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION
PAGE 1 OF 2
Creditor

DEFERRAL CHARGE: The Lender and the Borrower may, at any time, agree to a deferral of all or part of one or more unpaid installments, and the Borrower agrees to pay a deferral charge calculated by applying the above Loan Contract Rate to the amount deferred for the deferral period without regard to differences in the lengths of months, but proportionately for a part of a month, counting each day as one thirtieth (1/30) of a month. A deferral charge is earned pro rata during the deferral period and is fully earned on the last day of the deferral period. Such deferral charge may be collected at the time it is assessed or at any time thereafter. No more than two (2) deferrals may be made, or agreed to be made, in any twelve-month period.

DEFAULT AND ACCELERATION: Upon default by Borrower, Lender may (i) bring suit for the delinquent payments without accelerating the remaining balance, and/or (ii) declare the remaining balance immediately due and payable, less any rebate of unearned Finance Charges as provided for above; and Borrower shall pay all court costs and attorneys fees of 33-1/3% of the unpaid balance. After contractual maturity, or after default and acceleration, Borrower shall pay Lender interest on the delinquent amount at the rate of 10% per annum. Borrower shall be in default upon: (1) Failure to pay any payment in full when due; (2) Failure to perform any agreement herein; (3) Any representation made or furnished to Lender by Borrower proves to have been false in any material respect; (4) Loss, theft, substantial damages, destruction, sale or encumbrance to or of the Collateral, or the making of any levy, seizure or attachment thereof or thereon; (5) Death; (6) Lender reasonably deems itself insecure; (7) Failure to perform any agreement or covenant contained in the Deed of Trust.

ARBITRATION AGREEMENT

The parties have this day entered into a separate arbitration agreement which affects certain rights of the borrower which is incorporated herein by reference and made a part hereof as if fully copied herein.

SECURITY AGREEMENT

Borrowers grant to Lender a security interest under the Uniform Commercial Code of Mississippi in the goods described below, all of which shall hereafter be referred to as "Collateral," as security for the payment of the Promissory Note executed herein, this date, in an amount equal to the Total of Payments as shown above. This Security Agreement shall secure the Borrower against all liability or loss on the Promissory Note mentioned above.

No waiver by Lender of any default shall operate as a waiver of any other default or of the same default on a future occasion.

YEAR	MAKE	VIN	NEW/USED	MODEL	BODYTYPE
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Desc: Snap On Tool Set; Desc: 7mm Hunting Gun; Desc: Bad Boy Zero Turn Mower; Desc: Honda Pushmower; Desc: 45" Hisense Flatcreen; Desc: Craftsman Air Compressor Stand Up; Desc: Ingersoll Air Compressor Stand Up; Desc: Snap On Tool Set; Desc: 2 Stand Up Mac Tool Boxes; Desc: Snap-On Tool Box New; Desc: 1994 Honda 4 Wheeler

ADDITIONAL TERMS AND CONDITIONS OF SECURITY AGREEMENT

Upon default, Lender may declare all Obligations secured hereby immediately due and payable and shall have the rights and remedies of a secured party under the Uniform Commercial Code of Mississippi. Lender may enter the Borrower's premises to retake possession of the Collateral. Unless the collateral is perishable or threatens to decline speedily in value or is of a type customarily sold on a recognized market, Lender will give Borrower reasonable notice of the time and place of any public sale thereof or of the time after which any private sale or any other intended disposition thereof is to be made. The requirements of reasonable notice shall be met if such notice is mailed, postage prepaid, to the address of selling, or the like, including Lender's reasonable attorneys' fees and legal expenses. Borrower warrants that: (1) Collateral will be kept at the address of the Borrower as set forth on the reverse hereof, and the Borrower will not remove the Collateral from said address without the prior written consent of the Lender; (2) Borrower is the owner of the collateral free from any other adverse lien, security, interest or encumbrance; (3) Borrower will not sell, exchange, lease or otherwise dispose of any of the Collateral without the prior written consent of Lender; (4) Borrower will maintain insurance at all times with respect to all Collateral against any substantial risk of loss, damage or destruction as the Lender may require, so long as the amount is not in excess of the amount of the Obligation; such insurance shall be payable to the Lender and Borrower as their interest may appear; all policies of insurance shall provide for 10 days' written minimum cancellation notice to Lender; and Lender is hereby authorized and empowered to act as attorney-in-fact for the Borrower in obtaining, adjusting, setting and canceling such insurance and endorsing any drafts issued in connection therewith; (5) Borrower will keep the Collateral free from any adverse lien, security interest or encumbrance and will not waste or destroy the Collateral or any part thereof; (6) Lender may examine and inspect the Collateral at any time, wherever located; (7) Borrower will not permit the Collateral to be attached to real estate or become an accession to other goods without the prior written consent of Lender; (8) If the Collateral is attached to real estate or affixed to other goods prior to the perfection of the security interest granted hereby, Borrower will on demand of Lender furnish the Lender with a disclaimer or disclaimers, signed by all persons having an interest in the real estate, or any interest in the Collateral which is prior to Lender's interest.

At its option, Lender may discharge taxes, liens or security interests or other encumbrances at any time levied or placed on the Collateral, pay for insurance on the Collateral and pay for the maintenance and preservation of the Collateral. Borrowers agree to reimburse Lender on demand for any payment made, or any expense incurred by Lender.

Initial of Borrower

Date

Initial of Borrower

Date

Initial of Borrower

Date

☐ The following Notice is applicable to this consumer credit transaction only if an "X" appears in the foregoing box and Lender has signed at the right.

LENDER

BY

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

I the undersigned, in consideration of the granting of the loan hereunder to the Borrower named on the other side hereof and not for the purpose of being obligated to repay such loan, hereby grant to the Lender a security interest in the property described on the other side hereof, and all proceeds thereof, in accordance with all the terms and conditions of the Security Agreement herein.

Witness

Signature

Date

This document is subject to a security interest in favor of and pledged as collateral to Investar Bank National Association.

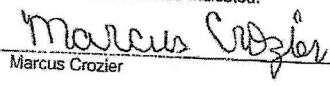
SCHEDULE A - SECURITY EVALUATION

Personal Property Collateral:			
Description	Model	Serial	Value
Snap On Tool Set			\$300.00
7mm Hunting Gun			\$400.00
Bad Boy Zero Turn Mower			\$1,500.00
Honda Pushmower			\$300.00
45" Hisense Flatscreen			\$400.00
Craftsman Air Compressor			\$500.00
Stand Up			
Ingersoll Air Compressor			\$500.00
Stand Up			
Snap On Tool Set			\$400.00
2 Stand Up Mac Tool Boxes			\$3,000.00
Snap-On Tool Box New			\$500.00
1994 Honda 4 Wheeler			\$500.00

Total Value of Collateral: \$8,300.00

I affirm the above items used as collateral on Loan #3164- Dated 05/16/2025 Reflects actual cash value as indicated.

Employee Signature


 Marcus Crozier

Original

2080486973

File Number: 20203387484A

Date Filed: 10/28/2020 12:34:05 PM

Michael Watson
Secretary of State

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Candice Stewart	(601) 859-4280
B. EMAIL CONTACT AT FILER (optional)	
cstewart@familychoicefinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<p>Family Choice Financial, Inc. 912 A East Peace Street Canton, MS 39046</p>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor Name (1a or 1b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's Name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank; check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
CROZIER	MARCUS			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4110 CAMBELL RD	BENTON	MS	39039	USA

2. DEBTOR'S NAME: Provide only one Debtor Name (2a or 2b) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's Name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank; check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION NAME				
OR				
FAMILY CHOICE FINANCIAL, INC				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
912A E PEACE ST	CANTON	MS	39046	USA

4. COLLATERAL: This financing statement covers the following collateral:

SNAP ON TOOL SET, 7MM HUNTING GUN, BAD BOY ZERO TURN MOWER, HONDA PUSHMOWER

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

210207670

File Number: 20213559009B

Date Filed: 5/24/2021 10:18:33 AM

Michael Watson
Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Joseph Fernandez 6015736970	
B. EMAIL CONTACT AT FILER (optional) krenfrow@familychoicfinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Family Choice Financial, Inc. 912 A East Peace Street Canton, MS 39046	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER:

20203387484a

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
From attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement
3. ☐ ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment complete items 7 and 9 and also indicate affected collateral in item 8
4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law
5. ☐ PARTY INFORMATION CHANGE
Check one of these two boxes
This Change affects ☐ Debtor ☐ Secured Party of record
AND Check one of these three boxes to
☐ CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c
☐ ADD name Complete item 7a or 7b and item 7c
☐ DELETE name Give record name to be referred in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party information Change provide only one name (6a or 6b)

6a. ORGANIZATIONS NAME			
OR			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete to Assignment or Party information Change provide only one name (7a or 7b) (use exact full name or modify appropriate any part of the Debtors name)

7a. ORGANIZATIONS NAME			
OR			
7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. ☒ COLLATERAL CHANGE: Also check one of these four boxes ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN
Indicate collateral/collateral

45" hisense flatscreen, Craftsman Air Compressor Standup, Ingersoll Air Compressor Standup

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b)(name of Assignor if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide the name of authorizing Debtor

9a. ORGANIZATION NAME Family Choice Financial			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

220023076

File Number: 20223764380B

Date Filed: 1/19/2022 2:49:07 PM

Michael Watson
Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Candice Stewart (601) 859-4280	
B. EMAIL CONTACT AT FILER (optional) cstewart@familychoicfinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Family Choice Financial, Inc. 912 A East Peace Street Canton, MS 39046	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER: 20203387484a	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS From <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2. <input type="checkbox"/> TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes This Change affects <input type="checkbox"/> Debtor <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c <input type="checkbox"/> ADD name Complete item 7a or 7b and item 7c <input type="checkbox"/> DELETE name Give record name to be referred in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party information Change provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATIONS NAME	
OR	
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	
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7a. ORGANIZATIONS NAME	
OR	
7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	
7c. MAILING ADDRESS	CITY
STATE	POSTAL CODE
COUNTRY	
8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN Indicate collateral/collateral	

45" Hisense Flatscreen, Craftsman Air Compressor Stand Up, Ingersoll Air Compressor Stand Up, Snap on Tool Set

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide the name of authorizing Debtor			
9a. ORGANIZATION NAME Family Choice Financial, Inc.			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

220534974

File Number: 20224029721B

Date Filed: 12/27/2022 3:18:20 PM

Michael Watson

Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Candice Stewart (601) 859-4280	
B. EMAIL CONTACT AT FILER (optional) cstewart@familychoicefinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Family Choice Financial, Inc. 912 A East Peace Street Canton, MS 39046	

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OR	
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME
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SUFFIX	
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7a. ORGANIZATION'S NAME	
OR	
7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	
7c. MAILING ADDRESS	CITY
STATE	POSTAL CODE
COUNTRY	
8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN Indicate collateral/collateral	

2 STAND UP MAC TOOL BOXES

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide the name of authorizing Debtor			
9a. ORGANIZATION NAME			
OR			
FAMILY CHOICE FINANCIAL, INC			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

230323017

File Number: 20234200014B

Date Filed: 9/21/2023 3:20:43 PM

Michael Watson
Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Candice Stewart (601) 859-4280	
B. EMAIL CONTACT AT FILER (optional) cstewart@familychoicfinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Family Choice Financial, Inc. 912 A East Peace Street Canton, MS 39046	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER: 20203387484a	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS From <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
2. <input type="checkbox"/> TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes This Change affects <input type="checkbox"/> Debtor <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name Complete item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> DELETE name Give record name to be referred in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party information Change provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATIONS NAME	
OR	
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete to Assignment or Party information Change provide only <u>one</u> name (7a or 7b) (use exact full name or modify appropriate any part of the Debtors name)	
7a. ORGANIZATIONS NAME	
OR	
7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	
7c. MAILING ADDRESS	CITY
STATE	POSTAL CODE
COUNTRY	
8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes Indicate collateral/collateral <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN	

2 stand up mac tool boxes, snap-on tool box new

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide the name of authorizing Debtor			
9a. ORGANIZATION NAME Family Choice Financial			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			

240290315

File Number: 20244414226B

Date Filed: 8/28/2024 1:08:43 PM

Michael Watson
Secretary of StateUCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Candice Stewart (601) 859-4280	
B. EMAIL CONTACT AT FILER (optional) cstewart@familychoicfinancial.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Family Choice Financial, Inc. 1062 East Peace Street Canton, MS 39046	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER:
20203387484a1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
From attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment complete items 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGECheck one of these two boxesThis Change affects ☐ Debtor ☐ Secured Party of recordAND Check one of these three boxes to☐ CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c☐ ADD name Complete item 7a or 7b and item 7c☐ DELETE name Give record name to be referred in item 6a or 6b6. CURRENT RECORD INFORMATION: Complete for Party information Change provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete to Assignment or Party information Change provide only one name (7a or 7b) (use exact full name or modify appropriate any part of the Debtors name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

8. ☒ COLLATERAL CHANGE: Also check one of these four boxes ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN
Indicate collateral/collateral

1994 Honda 4 wheeler

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide the name of authorizing Debtor

9a. ORGANIZATION NAME

OR Family Choice Financial, LLC

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA: